

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400336586

Date Received:

11/05/2012

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10110
2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC
3. Address: 1700 BROADWAY SUITE 650
City: DENVER State: CO Zip: 80290
4. Contact Name: Shannon Hartnett
Phone: (303) 830-9893
Fax: (866) 522-1673

5. API Number 05-123-35425-00
6. County: WELD
7. Well Name: H-Y Well Number: 29-21
8. Location: QtrQtr: NENW Section: 29 Township: 6N Range: 67W Meridian: 6
Footage at surface: Distance: 800 feet Direction: FNL Distance: 1924 feet Direction: FWL
As Drilled Latitude: 40.462931 As Drilled Longitude: -104.919553

GPS Data:

Date of Measurement: 07/25/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: D. Schwartz

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/04/2012 13. Date TD: 06/07/2012 14. Date Casing Set or D&A: 06/08/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7556 TVD** 17 Plug Back Total Depth MD 7523 TVD**

18. Elevations GR 4784 KB 4798

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

High Resolution Ind comp Density comp neutron log

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 8+5/8 | 24 | 0 | 901 | 660 | 0 | 901 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,522 | 595 | 1,790 | 7,522 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| | | | | | |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
| | | | | | |

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
| | Top | Bottom | DST | Cored | |
| GREELEY SAND | 2,274 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| PARKMAN | 3,415 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,108 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,498 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,826 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,119 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,141 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| GREENHORN | 7,190 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Shannon Hartnett

Title: Permit Agent Date: 11/5/2012 Email: shartnett@gwogco.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|------------------------|---|--|
| Attachment Checklist | | | |
| 400343167 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Directional Survey ** | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | DST Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Logs | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Other Attachments | | | |
| 400336586 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400336923 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---|--------------------------|
| Engineer | Emailed operator for CBL. Rec'd CBL from operator. | 7/30/2013 8:15:22 AM |
| Engineer | No CBL, informed permitting of missing log. | 2/28/2013 12:07:46 PM |

Total: 2 comment(s)